



Atty. Dkt. No. 051448-0203

#10
W. Lawson
5/26/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gil Gavriel DUDKIEWICZ et al.
Title: SYSTEM AND METHOD FOR
DETERMINING THE
DESIRABILITY OF VIDEO
PROGRAMMING EVENTS
USING KEY WORD MATCHING
Appl. No.: 09/992,686
Filing Date: 11/16/2001
Examiner: J. SALCE
Art Unit: 2611

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 420555288 US (Express Mail Label Number)	May 10, 2004 (Date of Deposit)
Ruthie Vallejo (Printed Name)	
 (Signature)	

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Technology Center 2600

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated November 10, 2003, of the Examiner finally rejecting Claims 1, 6-7, 15, 20-21, 29-30, 34-38, 43-45, 49-53, 58-59, 62-66, 69-74, 77-81 and 84-86.

- ☒ [X] Applicant claims small entity status.
- ☒ [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ [X] Notice of Appeal Fee
- ☒ [X] To be paid as detailed below
- ☐ [] Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$950.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1280.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$640.00
	TOTAL FEE:	\$640.00

☐ Please charge Deposit Account No. 50-0872 in the amount of \$640.00 . A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$640.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10 May 2004

By Ronald Coslick

FOLEY & LARDNER LLP
Customer Number: 23392
Telephone: (310) 975-7964
Facsimile: (310) 557-8475

Ronald Coslick
Attorney for Applicant
Registration No. 36,489